

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000038635

**Entity Name:** FLORIDA 1ST INSURANCE CHOICE CORP

**Current Principal Place of Business:**

8600 NW SOUTH RIVER DR  
STE 102  
MIAMI, FL 33166

**FILED**  
**Jan 08, 2020**  
**Secretary of State**  
**3073558340CC**

**Current Mailing Address:**

15133 NW 89TH PL  
MIAMI LAKES, FL 33018 US

**FEI Number: 83-4718726**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LORENZO, JOSE  
8600 NW SOUTH RIVER DR  
STE 102  
MIAMI, FL 33166 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            RODRIGUEZ GONZALEZ, ALEXANDRA  
  
Address        15133 NW 89TH PL  
City-State-Zip: MIAMI LAKES FL 33018

Title            P  
Name            LORENZO, JOSE  
Address        15133 NW 89TH PL  
City-State-Zip: MIAMI LAKES FL 33018

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSE LORENZO**

**PRESIDENT**

**01/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date